

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400302985

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 57667 4. Contact Name: CLAYTON DOKE  
2. Name of Operator: MINERAL RESOURCES, INC. Phone: (970) 669-7411  
3. Address: PO BOX 328 Fax: (970) 669-4077  
City: GREELEY State: CO Zip: 80632

5. API Number 05-123-35463-00 6. County: WELD  
7. Well Name: Island Grove Well Number: 2-32  
8. Location: QtrQtr: NWSW Section: 32 Township: 6N Range: 65W Meridian: 6  
Footage at surface: Distance: 1627 feet Direction: FSL Distance: 272 feet Direction: FWL  
As Drilled Latitude: 40.441670 As Drilled Longitude: -104.695660

GPS Data:

Data of Measurement: 07/09/2012 PDOP Reading: 0.9 GPS Instrument Operator's Name: Robert Tessely

\*\* If directional footage at Top of Prod. Zone Dist.: 776 feet. Direction: FSL Dist.: 1343 feet. Direction: FWL  
Sec: 32 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 461 feet. Direction: FNL Dist.: 1325 feet. Direction: FWL  
Sec: 32 Twp: 6N Rng: 65W

9. Field Name: GREELEY 10. Field Number: 32760  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/01/2012 13. Date TD: 05/14/2012 14. Date Casing Set or D&A: 05/22/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 11531 TVD\*\* 6938 17 Plug Back Total Depth MD 11531 TVD\*\* 6938

18. Elevations GR 4647 KB 4662

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Mud Log, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+3/4	9+5/8	36	0	1,603	650	0	1,603	VISU
1ST	8+3/4	7+0/0	26	0	7,501	455	2,828	7,501	CBL
2ND	6+1/8	4+1/2	11.6	6646	11,531				

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

#### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	7,021		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Per COA #8, the production casing cement ticket is attached.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Clayton Doke

Title: Consultant Date: \_\_\_\_\_ Email: cdoke@petersonenergy.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400303023	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400302996	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400302997	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400349786	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400350235	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400351724	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)